

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09 / 744947**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
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TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

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TOTAL IND.			2	
TOTAL DEP.			9	
TOTAL CLAIMS			11	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS